

Documentation of Accommodations

Office of Special Education Services

Teacher's Name _____

Service Type _____

Week of _____

Teacher Role ☐ General Education ☐ Special Education

Subject/Period _____

| | | | | |
|---------------------|---|---|--|--|
| Student Name | Level 1 <input type="checkbox"/> Individualized Structured Reminders <input type="checkbox"/> Amplification Devices <input type="checkbox"/> Projection Devices <input type="checkbox"/> Manipulating Test Materials <input type="checkbox"/> Oral/signed Administration <input type="checkbox"/> Spelling Assistance <input type="checkbox"/> Math Manipulatives | <input type="checkbox"/> Calculation Devices <input type="checkbox"/> Basic Transcribing <input type="checkbox"/> <u>Supplemental Aides</u> <input type="checkbox"/> Extra Time <input type="checkbox"/> Large Print <input type="checkbox"/> Dictionary <input type="checkbox"/> Braille | Level 2 Requires TEA approval <input type="checkbox"/> Complex Transcribing <input type="checkbox"/> Math Scribe <input type="checkbox"/> Extra Day | Other Instructional Accommodations (Not used in assessments) |
| Student Name | Level 1 <input type="checkbox"/> Individualized Structured Reminders <input type="checkbox"/> Amplification Devices <input type="checkbox"/> Projection Devices <input type="checkbox"/> Manipulating Test Materials <input type="checkbox"/> Oral/signed Administration <input type="checkbox"/> Spelling Assistance <input type="checkbox"/> Math Manipulatives | <input type="checkbox"/> Calculation Devices <input type="checkbox"/> Basic Transcribing <input type="checkbox"/> <u>Supplemental Aides</u> <input type="checkbox"/> Extra Time <input type="checkbox"/> Large Print <input type="checkbox"/> Dictionary <input type="checkbox"/> Braille | Level 2 Requires TEA approval <input type="checkbox"/> Complex Transcribing <input type="checkbox"/> Math Scribe <input type="checkbox"/> Extra Day | Other Instructional Accommodations (Not used in assessments) |